

of Romania and Hungary in the Romanian city of Timisoara/Temesvar. The document was signed by leaders of both governments—Romanian President Ion Iliescu, Hungarian Prime Minister Gyula Horn, and Romanian Prime Minister Nicolae Vacaroiu. The treaty represents another milestone in the process of reconciliation and improved relations between these two important central European countries.

The United States is particularly fortunate at this important time to have in Budapest and in Bucharest two outstanding ambassadors who have had an immense positive influence on U.S. relations with both countries and an equally positive influence as these two countries have made great strides in working to resolve the differences between them and to place their relationship on a higher level.

Donald M. Blinken, the United States Ambassador to Hungary, has had a distinguished career as an investment banker with an international reputation. He has served as our envoy in Budapest since late 1993. Alfred H. Moses, the United States Ambassador to Romania, is a distinguished attorney from Washington, DC, who has been active in a number of national organizations.

Today, the Washington Post has published a article written by these two prominent American diplomats which places in historical context the significance of the signing of the Treaty of Understanding, Cooperation and Good Neighborliness. I ask, Mr. Speaker, that this article be placed in the RECORD, and I urge my colleagues to give thoughtful consideration to the informed views of these outstanding representatives of the United States.

[From the Washington Post, Sept. 19, 1996]

#### LOOKING BEYOND BOSNIA

(By Donald M. Blinken and Alfred H. Moses)

The attention devoted to events in Bosnia overlooks other important and positive developments in the region which, in history's ledger, could prove equally important. This week Hungary and Romania signed a basic bilateral treaty marking the end to centuries of contention. The treaty has the same significance to Central Europe as the Franco-German reconciliation had to Western Europe. Similar treaties have been concluded between longtime rivals Slovakia and Hungary and between the former Yugoslav Republic of Macedonia and Greece.

Historic rivalry between Hungary and Romania dates back at least a thousand years to the Magyar migrations from Central Asia. This led to Hungarian domination of the Carpathian basin, including modern day Transylvania, now in Romania, which was part of Hungary until 1919, when the Treaty of Trianon put an end to 300 years of Austro-Hungarian dominance in the region. Unfortunately, Trianon did not end the rivalry, and at the end of World War II, Budapest found itself occupied by Romanian troops for the second time in this century.

The people of Romania and Hungary liberated themselves from communism seven years ago. But their rivalry remained. Now, together, they are engaged in one final act of liberation, this time from the unresolved legacies of their own tragic and angry past.

The heart of the treaty also is the heart of post-Cold War Europe's security challenges: how to reconcile the rights and responsibilities of minorities with majorities in a part of the world where peoples and borders do not match.

Bosnia is a brutal reminder of the power of these ethnic and nationalistic hatreds. It shows how dangerous this power is to peace

not just in the Balkans but to Europe as a whole, and how important it is to defuse ethnic grievances before they explode.

The basic treaty obligates both countries to protect the civil liberties and cultural identity of their national minorities. Education at all levels is guaranteed by the state in the minority's native tongue, as is the right to use one's historic language in administrative and judicial proceedings in areas of minority concentration. The same is true of road signs, print and broadcast media and almost every other aspect of communal life.

The test, of course, will come with implementation, but the overwhelming support for the treaty in both countries is reason for optimism. Moreover, both sides are committed because both know the treaty clears an important hurdle to an even more historic goal: integration with the West.

President Clinton's January 1994 decision, embraced by our allies, to open NATO to new members and new partners, together with efforts by the European Union to enlarge eastward, has given every nation of Central Europe an incentive to strengthen democracy and improve relations with its neighbors.

Both Hungary and Romania have been active participants in the Partnership for Peace, the innovative U.S. initiative that has as one of its purposes to prepare NATO aspirants for eventual membership. Romania was the first to join. And Hungary hosts U.S. forces engaged in Bosnia. Troops from both countries participate in joint Partnership for Peace exercises on the territory of the other and are serving with the implementation force in Bosnia.

NATO and the European Union have made it clear that states aspiring to membership that have unresolved border disputes or are unable to respect international norms on the treatment of minorities "need not apply."

This clear message moved Hungary and Romania to look beyond traditional boundaries and historical divisions toward a new vision of a secure and prosperous continent no longer mired in the conflicts of the past. In this spirit, both nations have committed in the basic treaty to support NATO and EU membership for the other.

By embracing countries in Central Europe that show the will and the means to contribute to the stability and prosperity of the continent as a whole, the EU and NATO can help bring an end to historic enmities based on ethnic, cultural and religious differences, including the historic divide between Catholic West and Orthodox East. The example of Hungary and Romania may point to the end of a millennium of Central European history marked by perpetual conflict and human tragedies past counting.

#### DISCOMFITTING DETAILS OF LATE-TERM ABORTIONS INTENSIFY DISPUTE

HON. DAVE WELDON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. WELDON of Florida. Mr. Speaker, I submit the following for the RECORD.

HARSH DETAILS SHIFT TENOR OF ABORTION FIGHT

From the moment the medical paper arrived anonymously at the offices of the National Right to Life Committee three years ago, antiabortion activists knew they had been handed a powerful weapon.

The eight-page, double-spaced document described in precise, straightforward lan-

guage an abortion procedure sometimes used during the second half of pregnancy, at 20 weeks and beyond. A copy of a medical paper that had been delivered at a recent seminar, it was written by an Ohio doctor who had performed the procedure hundreds of times.

It provide what abortion foes had long believed was crucial in turning public opinion their way: a graphic description of one type of abortion they felt would offend many, perhaps most, Americans. In this procedure, the doctor delivered the body of the fetus—feet first and sometimes still alive—into the birth canal before collapsing the skull so that the head could be drawn through the opening of the uterus. The medical world called the procedure "intact dilation and evacuation," but antiabortion activists soon coined a new name for it: "partial-birth" abortion.

The activists believed that publicizing the details of the procedure would fuel a national debate, pull many abortion rights liberals to their side and prompt Congress for the first time to ban a specific abortion procedure.

They were right.

President Clinton vetoed the legislation last April. But Congress is gearing up to vote on it again before adjourning at the end of next week. Although proponents of the ban believe they may have the necessary two-thirds vote in the House to override the veto, they acknowledge they still are at least a dozen short in the Senate.

Ongoing efforts to enact the ban have been aided by the considerable weight of leading Catholic clerics, who visited members of Congress last week to lobby for an override, and whose followers have deluged Capitol Hill with millions of postcards.

The issue also has played a role in the presidential campaign. Robert J. Dole, the Republican nominee who supports a constitutional amendment banning nearly all abortions, has said that Clinton's veto "pushed the limits of decency too far." Ten days ago, he told an audience of Catholics, "whether you're pro-life or pro-choice, there is one thing everyone can agree on: Partial-birth abortion is wrong."

Whatever the bill's ultimate fate, the clash over late-term abortions will be remembered as a benchmark in the decades-old abortion debate.

It has forced members of Congress and the general public to confront what happens during abortion—and most people find such details grisly, no matter what surgical method is used. It also has ignited a discussion of the ethical justifications for abortions performed when a pregnancy is more than half over. Such procedures—of which the procedure banned by the legislation is only one of several—make up only 1.3 percent of the 1.3 million abortions done in the United States each year, but they provoke ambivalence and discomfort even among abortion rights supporters.

"This legislation has so mobilized pro-lifers, that the effect of it . . . will strengthen them for a very long time," said Helen Alvare, spokeswoman for the National Conference of Catholic Bishops. "For years, the best we've been able to do in Congress is preserve some funding restrictions. To get from that into the question of abortion itself was a huge leap."

Those on the other side of the debate view the bill's success in Congress as an ominous precedent, and suggest that, if it were law, abortion opponents would try to expand or broadly interpret the ban to cover other kinds of abortions.

"This is the first time Congress has ever attempted to regulate the practice of medicine and abortion," said Kathryn Kolbert, vice president of the Center for Reproductive

Law and Policy in New York, an abortion rights group.

Said Lewis Koplik, a New Mexico physician who performs late-stage abortions using a different method: "They don't want less than 1 percent of abortions stopped. . . . They want all abortions stopped."

#### ESTIMATES AND ANECDOTES

There are no reliable statistics on how many abortions are done each year using the technique that would be banned. Nor is there much information about the women who undergo the procedure or about the condition of the fetuses they carry. As a result, both sides of the debate have selectively used estimates and anecdotes to support their positions.

The National Abortion Federation, an organization of abortion providers, believes 400 to 600 cases of "intact D&E," as the procedure is often called, may be done each year. The National Right to Life Committee, which supports the ban, believes it may be several thousand.

Similarly, there are no reliable estimates on how many American doctors use the technique. Interviews with abortion providers suggest that they are fewer than 20, and perhaps fewer than 10.

Opponents of the ban, including President Clinton, have used patients and data drawn chiefly from the practice of one abortion doctor to portray the procedure as an extremely rare one, used almost exclusively in cases where a woman discovers that her pregnancy threatens her own life or that the fetus is severely deformed. They also have implied that in some cases, it is the only abortion technique that can safely be used.

Interviews with physicians, as well as information gleaned from published documents and congressional testimony, paint a different picture of these late-term abortions.

It is possible—and maybe even likely—that the majority of these abortions are performed on normal fetuses, not on fetuses suffering genetic or developmental abnormalities. Furthermore, in most cases where the procedure is used, the physical health of the woman whose pregnancy is being terminated is not in jeopardy. In virtually all cases, there are alternative ways to perform the abortion safely, through perhaps not as safely as when intact D&E is used.

Instead, the "typical" patients tend to be young, low-income women, often poorly educated or naive, whose reasons for waiting so long to end their pregnancies are rarely medical. Only in the small subgroup of women whose abortions are done extremely late in the last one-third of gestation—are most of the fetuses malformed, and most of the pregnancies initially desired.

But if abortion rights advocates have painted a misleading picture of intact D&E, so have proponents of banning the procedure.

Much of their campaign has led people to believe that normal, viable fetuses are regularly being aborted very late in pregnancy—in the eighth or ninth month—using this technique. "Virtually every pro-choice American and every pro-life American agrees that aborting a child in the eighth or ninth month the way a partial-birth abortion does is wrong," House Speaker Newt Gingrich (R-Ga.) said in supporting a veto override on "Meet the Press" Sunday.

Most fetuses aborted by the "intact D&E" method are less than 24 weeks gestation; the number done later, when the chances of viability are greater, is very small.

There is no clear-cut moment in pregnancy when a fetus becomes "viable," or capable of surviving outside the womb. Of infants born at 24 weeks gestation, about one-third survive; at 23 weeks, fewer than one-quarter. Most abortion providers will not perform

abortions of any type on a normal fetus, carried by a healthy woman, beyond the 24th week of pregnancy; many practitioners set the boundary even earlier.

Antiabortion groups also have cited the fact that the fetus, in some cases, is still alive when part of its body is outside the womb during the procedure. "The difference between the partial-birth abortion procedure and homicide is a mere three inches," Rep. Charles T. Canady (R-Fla.) said last year. Proponents also have argued that fetuses may suffer pain during the procedure.

The usual alternative to intact D&E is "dismemberment D&E," in which the fetal limbs are pulled off the body in utero, sometimes while the fetus is still alive. Proponents of the "partial-birth" abortion ban have not made clear why intact D&E should be outlawed, while "dismemberment D&E"—used to abort a fetus of similar age while still inside the uterus—is not. And, if the fetus has sensation—which is far from certain—then arguably dismemberment D&E is the more painful procedure.

What's indisputable is that public discussion of this method of ending pregnancy has thrown a spotlight on the anguish and ambivalence that lurks below many—if not all—abortions. It has forced doctors, patients and the public to face the "livingness" of the fetus in a way that abortion techniques used early in pregnancy do not.

#### VISUAL IMAGERY

Abortion opponents have always relied on visual imagery. They have carried posters depicting the tiny feet of aborted fetuses, and jars with the fetuses themselves. A 1986 antiabortion film, "The Silent Scream," showed an ultrasound image of the supposed agony of a 12-week fetus being aborted. But it was not until they provided drawings of the intact D&E procedure that were descriptive enough to make the point, but not so graphic they couldn't appear in the mass media, that they reached a wider audience.

Within weeks of Martin Haskell's description of the intact D&E procedure at a 1992 National Abortion Federation seminar in Dallas, his paper had been sent to the National Right to Life Committee, said its legislative director, Douglas Johnson. The committee took Haskell's paper, along with some rough sketches of the procedure that had appeared in an antiabortion publication, to an artist who produced more sophisticated drawings. These were circulated within the antiabortion community.

"I was horrified that such a procedure existed," said Canady, who was sent a copy of the paper and later introduced the ban. "It occurred to me that this was something the American people would overwhelmingly oppose if they were aware of it."

In 1993, Haskell said in interviews in two medical publications that he had discovered the procedure by accident, and had performed it more than 700 times. In most cases, he said, the abortions were not done because of a birth defect or a severe maternal illness.

Haskell is no longer granting interviews, "given the harassment he's under," said his lawyer, Kolbert.

The issue landed on Capitol Hill as Congress was debating the 1993 Freedom of Choice Act, a bill that would have prohibited many state restrictions on abortion. Canady argued that the bill would prevent states from banning even late-term abortion techniques, like the procedure described by Haskell, and offered an amendment banning the intact D&E method. But abortion rights supporters had long outnumbered abortion foes in Congress, and Canady's amendment failed by a narrow margin. A procedural fight kept the bill from ever coming up for a vote.

With Republican victories in the 1994 elections, however, more than 40 new anti-

abortion legislators arrived on Capitol Hill, and the abortion balance changed. And proponents of the "partial-birth" abortion ban believed their chances for a major anti-abortion victory were further enhanced by the distastefulness of the late-term procedure.

Antiabortion leaders correctly suspected the issue could split the abortion rights opposition. Sen. Daniel Patrick Moynihan (D-N.Y.), who traditionally had voted for abortion rights, called the procedure "as close to infanticide as anything I have come upon in our judiciary." Previously dependable abortion rights supporters like House Minority Leader Richard A. Gephardt (D-Mo.) and Rep. Susan Molinari (R-N.Y.), similarly decided to support the ban.

It passed 286 to 129 in the House, and 54 to 44 in the Senate.

The emotion that marked the congressional debate has accompanied the issue into the presidential campaign. Dole has pledged that, as president, he would sign the ban on "partial-birth" abortion. He has attacked Clinton's veto, charging it represented his lack of "moral vision."

Clinton has countercharged that his decision was based on defending the health of women whose babies were seriously deformed. "I fail to see why [Dole's] moral position is superior to the one that I took," he said.

Polls suggest that, while Americans generally support a woman's right to an abortion, there is also considerable support for the ban on the "partial-birth" procedure.

Respondents to a Gallup Poll last July were asked if they would favor "a law which would make it illegal to perform a specific abortion procedure conducted in the last six months of pregnancy known as a 'partial-birth abortion,' except in cases necessary to save the life of the mother." Seventy-one percent said yes.

Supporters of the ban argue that public opinion is shifting as they continue to place advertisements describing the procedure in newspapers and on television. Among the ads is one from a new group of 300 physicians, including former surgeon general C. Everett Koop, which argues that the procedure is never medically necessary.

The quest for public support has shaped strategies on both sides. Abortion opponents focus on the fetus and on the medical details of the procedure. Abortion rights supporters emphasize the rights and health of women and portray the proposed ban as an unwarranted government invasion of privacy.

#### SHAPING STRATEGIES

A contentious subtext in this war of images has been the question of why women seek late-term abortions.

"The anti-choice community has done a very good job at painting a picture of a woman who has an abortion as frivolous, irresponsible, one who engages in sex without responsibility," said Kate Michelman, president of the National Abortion and Reproductive Rights Action League.

She and others cited an advertisement run by the National Conference of Catholic Bishops listing examples of reasons a woman could use to obtain a "partial-birth" abortion if the legislation made an exception to preserve the health of the mother. The list included such examples as "won't fit into prom dress," "hates being fat," and "can't afford a baby and a new car."

But the women who have spoken out publicly about their experiences with the procedure have told a different story.

"We are not women popping up in the eighth month saying, 'I don't think I'll be a mom,'" Claudia Ades told a congressional hearing last November. Ades said she learned

from a sonogram when she was 26 weeks pregnant that her fetus had a severely malformed brain and numerous other serious defects.

"These were desperately wanted children, where something went terribly wrong," she said.

In a recent interview, Ades said she and her husband, Richard, who live in Los Angeles, "begged for . . . someone that could fix my baby's brain or the hole in his heart," but were told their child had no chance of survival. She opted for abortion, she said, because she believed her fetus was in pain.

Four different doctors told her intact D&E was the safest way, Ades said. "We knew other options existed," including a Caesarean section, "but they were not considered as safe, as healthy or as appropriate for us. . . . What bothers me is that we have to defend what we did. We believe it was such a humane thing."

Johnson, of the National Right to Life Committee, and others argue that even in the case of severe developmental defects like the Ades fetus, the baby should be allowed to be born. "The premise that in some cases it is necessary to kill the baby to complete a delivery . . . there are no such cases," he said.

Clinton said he would have signed the legislation if it had included an exception for women who faced serious health risks without the procedure. But foes of such an exception argued that it "would gut the bill," in Johnson's words.

While the immediate future of the abortion debate clearly hangs on the November elections, it seems likely that this will not be the last time Congress focuses on a specific procedure.

Rep. Christopher H. Smith (R-N.J.), a leading abortion opponent in the House, said after the House approved the ban late last year that antiabortion lawmakers "would begin to focus on the methods and declare them to be illegal."

For abortion rights supporters, that is a daunting prospect.

"There is no abortion procedure when described that is aesthetically comforting, whether at six weeks or 32 weeks," said Frances Kissling, president of Catholics for a Free Choice. "This is exactly the kind of abortion issue that people don't want to think about. . . . They want women to be able to have this option in such extreme and terrible circumstances, but they know it's not pretty. It has to happen, but it shouldn't be in the newspaper."

#### VIABILITY AND THE LAW

The normal length of human gestation is 266 days, or 38 weeks. This is roughly 40 weeks from a woman's last menstrual period. Pregnancy is often divided into three parts, or "trimesters." Both legally and medically, however, this division has little meaning. For one thing, there is little precise agreement about when one trimester ends and another begins. Some authorities describe the first trimester as going through the end of the 12th week of gestation. Others say the 13th week. Often the third trimester is defined as beginning after 24 weeks of fetal development.

Nevertheless, the trimester concept—and particularly the division between the second and third ones—commonly arises in discussion of late-stage abortion.

Contrary to a widely held public impression, third-trimester abortion is not outlawed in the United States. The landmark Supreme Court decisions, *Roe v. Wade* abortion on demand up until the time of fetal "viability." After that point, states can limit a woman's access to abortion. The court did not specify when viability begins.

In *Doe v. Bolton* the court ruled that abortion could be performed after fetal viability if the operating physician judged the procedure necessary to protect the life or health of the woman. "Health" was broadly defined.

"Medical judgment may be exercised in the light of all factors—physical, emotional psychological familial and the women's age—relevant to the well-being of the patient," the court wrote. "All these factors may relate to health. This allows the attending physician the room he needs to make his best medical judgment."

Because of this definition, life-threatening conditions need not exist in order for a woman to get a third-trimester abortion.

For most of the century, however, viability was confined to the third trimester because neonatal intensive care medicine was unable to keep fetuses younger than that alive. This is no longer the case.

In an article published in the journal *Pediatrics* in 1991, physicians reported the experience of 1,765 infants born with a very low birth weight at seven hospitals. About 20 percent of those babies were considered to be at 25 weeks' gestation or less. Of those that had completed 23 weeks' development, 23 percent survived. At 24 weeks 34 percent survived. None of those infants was yet in the third trimester.

THANK YOU, JUNE KENYON, FOR  
YOUR LOYAL SERVICE

HON. JACK FIELDS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. FIELDS of Texas. Mr. Speaker, it was with mixed emotions that I announced last December 11 my decision to retire from the House at the conclusion of my current term. As I explained at the time, the decision to retire was made more difficult because of the loyalty and dedication of my staff—and because of the genuine friendship I feel for them. Each one of them has served the men and women of Texas' 8th Congressional District in an extraordinary way.

Today, I want to thank one member of my staff—June Kenyon—for everything she's done for me and my constituents in the more than 6 years she has served on my official staff, and for the 6 years she has served on my campaign staff.

As a member of my congressional casework staff since early 1990, June has helped thousands of my constituents who have experienced problems with Federal departments and agencies, cutting through bureaucratic redtape to ensure that Federal programs help, not just frustrate, the people they were designed to help. At the same time, June has managed my Youth Advisory Board program, in which two students from each high school and college in my district meet semiannually to share with me their opinions and concerns on issues affecting them.

In addition, June has also managed the computer hardware and software that link my three district offices and contribute to my staff's efficiency.

Prior to joining my official staff, June worked for many years in my campaign office. In mid-1984, she began working as my campaign's systems manager, maintaining a massive mailing list and voluminous financial records. In later years, she served as my campaign's

financial director, office manager, and scheduler. June has trained volunteers; organized fundraisers; maintained payroll, tax, and Federal Election Commission records; and made sure I was where I was supposed to be—one of the more challenging tasks anyone has ever undertaken.

It was June's reputation as a woman of many talents who is always ready and willing to do whatever is necessary to ensure that a project is seen through to completion that prompted my friend, Jack Rains, to ask for June's help in his 1988 gubernatorial campaign.

June has been an extremely active member of the Republican party for many years. She is a member of the Texas Federated Republican Women, as well as a member of the Kingwood Area Republican Women's Club. And she is a charter member of the Lake Houston Republican Women's Club.

June Kenyon is one of those hard-working men and women who make all of us in this institution look better than we deserve. I know she has done that for me, and I appreciate this opportunity to publicly thank her for the dedication, loyalty and professionalism she has exhibited throughout the years it has been my privilege to know and work with her. I'm so grateful to her for all she's done for me that I'm almost willing to overlook the fact, Mr. Speaker, that June was born in New York, not Texas.

June has yet to make a definite decision about what she wants to do in the years ahead. But I am confident that the skills and the personal qualities she has demonstrated in my office will lead to continued success in the future.

Mr. Speaker, I know you join with me in saying thank you to June Kenyon for her years of loyal service to me, to the men and women of Texas' Eighth Congressional District, and to this great institution. And I know you join with me in wishing June, and her two sons—Charles Thomas McDonough and George Kenyon McDonough, all the best in the years ahead.

Thank you, Mr. Speaker.

PARTIAL-BIRTH ABORTION IS  
CHILD ABUSE

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. SMITH of New Jersey. Mr. Speaker, partial-birth abortion is child abuse.

That some otherwise respectable and pleasant and well-mannered people would permit killing babies in this way—which Congress can stop if it has the will—is both baffling and extremely sad.

That some otherwise smart and even brilliant people have been so easily fooled by the abortion industry's outrageous lies, distortions, half-truths, and surface appeal arguments is, at best, disappointing and unsettling.

How can anyone in this Chamber or in the White House defend sticking a pair of scissors into a partially born baby's head so as to puncture the child's skull so a suction catheter can be inserted to suck out the child's brains? How can anyone support this and then say they're for kids?